



STATE OF INDIANA

FRANK O'BANNON, Governor

PATRICK R. RALSTON, Executive Director

Indiana Government Center South

302 W. Washington St., Room E208

Indianapolis, IN 46204

State
Emergency
Management
Agency
Phillip K. Roberts
Deputy Director
Room E208
(317) 232-3980

MEMO

TO: ALL APPLICANTS OF CERTIFICATES OF COMPLIANCE

FROM: OFFICE OF THE STATE FIRE MARSHAL

RE: APPLYING FOR CERTIFICATE OF COMPLIANCE

Office of the
State
Fire
Marshal
M. Tracy Boatwright
Room E241
(317) 232-2222

Office of the
State
Building
Commissioner
Steve Schulz
Room W246
(317) 232-1400

Enclosed is your application for Certificate of Compliance. Please remember to sign it and have it notarized and return the completed application and include a list of the fireworks you will be selling and the fee of \$1,000.00 in check or money order, please do not send cash or bring cash to the office. Thank you, if you have any further questions, please call Kelli at 317/233-3560. Also, if you have an e-mail address, please include it at the bottom of your application as we will soon have the ability to e-mail your permits.

Emergency
Medical
Services
Michael Garvey
Deputy Director
Room E208
(317) 233-6545

Public
Safety
Training
Institute
Room E239
(317) 233-0208

SEMA/DFBS/PSTI
Foundation
Room E208
(317) 232-3980



OFFICE OF THE STATE FIRE MARSHAL

2003 APPLICATION FOR CERTIFICATE OF COMPLIANCE

INSTRUCTIONS: A. PLEASE TYPE OR PRINT INFORMATION
B. PLEASE COMPLETE BOTH SIDE OF APPLICATION

1. NAME OF APPLICANT _____
2. DATE OF APPLICATION _____

3. ADDRESS AT WHICH FIREWORKS ARE TO BE SOLD:

STREET _____

CITY _____ STATE _____ ZIP _____

4. APPLICANT PHONE NUMBER (AREA CODE FIRST) _____

5. THE APPLICANT IS (CHECK ALL APPLICABLE CATEGORIES):

MANUFACTURER _____
WHOLESALE _____
DISTRIBUTOR _____
IMPORTER _____

6. LOCATION TO WHICH THE SHIPMENT OF FIREWORKS IS TO BE RECEIVED IN INDIANA (IF DIFFERENT THAN ADDRESS LISTED IN #3 ABOVE):

STREET _____

CITY _____ STATE _____ ZIP _____

7. ATTACHED HERETO IS A COMPLETE DESCRIPTION OF EACH FIREWORK ITEM PROPOSED TO BE SHIPPED INTO INDIANA. EACH FIREWORK ITEM IS MANUFACTURED IN ACCORDANCE WITH INDIANA CODE 22-11-14-1.

8. (TO BE COMPLETED BY WHOLESALER APPLICANT ONLY). THE UNDERSIGNED SPECIFICALLY REPRESENTS THAT THE APPLICANT WILL ENGAGE IN THE INTERSTATE SALE OF COMMON FIREWORKS AS AN ESSENTIAL PART OF A BUSINESS THAT IS LOCATED IN A PERMANENT STRUCTURE AND IS OPEN AT LEAST SIX (6) MONTHS EACH YEAR.

UNDER PENALTY OF PERJURY, THE UNDERSIGNED HEREBY CERTIFIES THAT THE FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR _____ COUNTY, STATE OF INDIANA, THIS _____ DAY OF

_____, 2003.

MY COUNTY OF RESIDENCE: _____

NOTARY PUBLIC

PRINTED NAME

MY COMMISSION EXPIRES: _____